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<http://www.miamidade.gov/economicadvocacytrust/teen-court.asp>

YOUTH VOLUNTEER APPLICATION

(Confidential information)

For Office Use Only:

- ☐ New Volunteer
☐ Returning Volunteer

PERSONAL INFORMATION

Name: _____ Sex: _____ Age: _____ Date of Birth: _____

Address: _____ City and State: _____ Zip Code: _____

Telephone Number: _____ E-mail Address: _____

Race: _____/Ethnicity: _____

In Case of Emergency, Contact Name and Telephone Number: _____

SCHOOL INFORMATION

Name of School You Attend: _____ Grade: _____

Extracurricular Activities: _____
(Including activities outside of school such as religious and community organizations)

Graduation Date (if graduated from high school): _____

VOLUNTEER INFORMATION

Have you ever volunteered before? Yes ☐ No ☐

If yes, please list previous volunteer experience: _____

Do you have any special interests and/or talents? _____

How did you hear about Miami-Dade County Teen Court (M-DCTC)? (See below)

- ☐ Brochure/Flyer ☐ Family/Friends
☐ School presentation ☐ Other _____

I am interested in serving as a (check all areas of interest):

☐ Bailiff ☐ Court Clerk ☐ Juror ☐ Defense or Prosecuting Attorney

Select courtroom location(s) (see list below)

Monday – Thursday, evenings beginning at 5:30 p.m. (except holidays)

RICHARD GERSTEIN JUSTICE BUILDING (MONDAYS)

1351 N.W. 12th Street, Miami, Florida – Courtroom 1-3

SOUTH DADE GOVERNMENT CENTER (TUESDAYS)

10710 S.W. 211th Street, Miami, Florida - Courtroom 2 - 5

NORTH DADE JUSTICE CENTER (WEDNESDAYS)

15555 Biscayne Boulevard, Miami, Florida – Courtroom 2 - 6

HIALEAH CITY HALL (2ND, 3RD AND 4TH THURSDAYS OF EVERY MONTH)

501 Palm Avenue, Hialeah, Florida (Commission Chamber – Third Floor)

BLACK POLICE PRECINCT AND COURTHOUSE MUSEUM

480 N.W. 11th Street, Miami, Florida 33136

To the M-DCTC Volunteer

I certify that the information given in this application is true and complete. I promise to keep all M-DCTC information confidential and I will not divulge, either by words or signs any information that comes to my knowledge during a court hearing proceeding.

Youth Volunteer

Date

M-DCTC Coordinator

Date

To the Parent/Guardian

I have read the information about M-DCTC and I give permission for participating as a M-DCTC Volunteer. As a Parent/Guardian, I understand that all M-DCTC Volunteers are required to keep all cases **CONFIDENTIAL**.

Parent/Guardian Signature

Parent/Guardian Print Name

Date

Parent/Guardian Telephone Number